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SENATE BILL 722

By Fowler

AN ACT to amend Tennessee Code Annotated, Title 68 and Title 71, Chapter 5, relative to annual reverification of all TennCare enrollees.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following language as a new appropriately designated section:

Section 71-5-191 (a). The bureau of TennCare shall reverify medicaid eligibility for TennCare enrollees classified by the bureau as a medicaid eligible, as permitted under current law. Any entity conducting local reverification interviews shall notify the bureau of any changes in an enrollee's eligibility within two (2) weeks of the interview. Any enrollee who is determined by the bureau to be ineligible for medicaid, shall be terminated from the TennCare program in a manner consistent with the requirements of federal law and the enrollee shall be required to reapply to TennCare and be approved as an uninsured or uninsurable applicant .

(b) If a TennCare enrollee is classified by the bureau as a medicaid eligible and that enrollee fails to complete the required reverification process for medicaid eligibility for four (4) consecutive months, the bureau shall immediately terminate the enrollee from the TennCare program in a manner consistent with the requirements of federal law. The enrollee shall no longer be eligible to receive TennCare benefits.

(c) (1) The bureau shall complete an annual reverification of the eligibility of each individual TennCare enrollee classified by the bureau as an uninsurable or uninsured.

(2) When reverifying uninsured and uninsurable TennCare enrollees under this subsection, during the four (4) month period the bureau shall seek to contact those enrollees with at least the following efforts:

(A) Two (2) letters and a reverification application to be mailed to the enrollee's home address as listed on the TennCare application or the most current address possessed by the bureau; and

(B) Two (2) letters to be mailed to the enrollee's work address as listed on the TennCare application or the most current address possessed by the bureau.

(3) In order to complete the reverification process, after receiving a letter and a reverification application, each uninsured or uninsurable TennCare enrollee shall submit to the bureau all information and documentation within six (6) months of the mailing of the first letter.

(d) The TennCare reverification application requirements shall be identical to the initial application requirements.

(e) Each TennCare enrollee shall notify the bureau of any change affecting any information given to the bureau of TennCare on or with the enrollee's TennCare application. The enrollee shall be responsible for mailing documentation of any such

changes within three (3) months of any change. The bureau shall update the enrollee's file to reflect those changes for which it receives notification.

(f) If the bureau is unable to contact an enrollee after the efforts required of the bureau by this section or if the enrollee fails to submit documentation as required by subsection (e), the bureau will immediately terminate the enrollee from the TennCare program in a manner consistent with the requirements of federal law. The enrollee shall no longer be eligible to receive TennCare benefits.

(g) If during the reverification process the bureau determines that any enrollee is no longer eligible to receive TennCare, then the bureau will immediately terminate the enrollee from the TennCare program in a manner consistent with the requirements of federal law and shall no longer be eligible to receive TennCare benefits.

(h) The provisions of this bill shall take effect to the extent that they are permitted by federal law and to the extent that all required approvals have been obtained from the federal department of health and human services under the terms of the federal TennCare waiver.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.